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135 North Pennsylvania Street
Indianapolis, Indiana 46204
(317) 684-5000

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket: 8266-1268 }
Applicants: Salvatini et al. }
Title: PATIENT SUPPORT }
APPARATUS AND METHOD }
Serial No.: 10/806,706 }
Filed: March 23, 2004 }
Examiner: Santos, Robert G. }
Group: 3673 }

<p align="center"><u>Certificate Under 37 CFR 1.8(a)</u></p> <p>I hereby certify that this correspondence is being transmitted to (703) 872-9306 at the United States Patent and Trademark Office, Alexandria, Virginia 22313-1450</p> <p>on <u>January 25, 2005</u></p> <p><u>Brenda Vandever</u> Brenda Vandever</p> <p>Dated: <u>January 25, 2005</u></p>
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RESPONSE TO OFFICE ACTION

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Arlington, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed October 25, 2004, Applicants submit the following amendments and remarks for the Examiner's consideration.

Claims begin on page 2.

Evidence of Common Ownership begins on page 7.

Remarks begin on page 8.

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ATTORNEYS AT LAW

FAX TRANSMITTAL SHEET

Date/Time: January 25, 2005

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TO
Examiner Robert G. Santos
Art Unit: 3673FAX NO.
703/872-9306

User Number: 872 Client #: 8266 Matter #: 1268

Total number of pages transmitted including cover sheet: 11

Comments: Sent by fax: January 25, 2005
Applicants: Salvatini et al.
Serial No.: 10/806,706
Filed: March 23, 2004
Title: PATIENT SUPPORT APPARATUS AND METHOD
Atty. Docket: 8266-1268

☒ Transmittal
☒ Response

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2700 First Indiana Plaza
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Indianapolis, Indiana 46204

PATENT APPLICATION

Applicant: Salvatini, Benjamin, et al.
 Serial No.: 10/806,708
 Filing Date: March 23, 2004
 Title: PATIENT SUPPORT APPARATUS AND METHOD
 Group: 3673 Examiner: Santos, Robert G.
 Atty. Docket: 8266-1268

Certificate Under 37 C.F.R. § 1.8(a)

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on January 25, 2005

Brenda Vandever
 Brenda Vandever

Dated: January 25, 2005

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	40	40	0	\$50	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	4	4	0	\$200	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

**If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for _____ month(s) is hereby requested under
 37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

Information Disclosure Statement _____

TOTAL FEE FOR THIS AMENDMENT

\$0

A check in the amount of \$ _____ to cover the total fee for this
 amendment is attached. _____

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Christine E.M. Orich
 Attorney of Record
 Printed Name: Christine E.M. Orich
 Registration No.: 44,987

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